

CLAIMS ONLY

Application Number
09/777,949

Filing Date

Applicant(s)

| CLAIMS AS FILED | * May be used for additional claims or amendments | | | | | | |
|------------------|---|--------|------------------------|--------|---------|--------|---------|
| | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | |
| Indep. | Depend. | Indep. | Depend. | Indep. | Depend. | Indep. | Depend. |
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| Total Indep. | 3 | | | | | | |
| Total Depend. | 36 | | | | | | |
| Total Claims | 39 | | | | | | |
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| | | 15 | | | | | |
| | | 21 | | | | | |

BEST AVAILABLE COPY